Medical Benefit Coverage Plan 2020

Medical Benefits	UHC Plus Plan			UHC QHDHP		
	SLU*Care* and SSM	In-Network	Out-of-Network	SLU*Care* and SSM	In-Network	Out-of-Network
Annual Calendar Year Deductible						
Single	$350	$750	$2,000	$1,500	$1,750	$3,500
Family	$700	$1,500	$4,000	$3,000	$3,500	$7,000
Out-of-Pocket Maximum (includes deductibles and copays)						
Single	$1,750	$2,000	$6,000	$1,750	$3,500	$7,000
Family	$3,500	$4,000	$12,000	$3,500	$7,000	$14,000
Coinsurance	10%	20%	40%	10%	20%	40%
Physician Services						
Doctor's Office Visit	$10 Copay	20% after ded.	40% after ded.	0% after ded.	20% after ded.	40% after ded.
Specialist's Office	$20 Copay			10% after ded.		
Preventive Care	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered
Hospital Services						
Inpatient	10% after ded.	20% after ded.	40% after ded.	10% after ded.	20% after ded.	40% after ded.
Outpatient						
Emergency Care	$150 Copay	$150 Copay	$150 Copay	10% after ded.	20% after ded.	20% after ded.
Urgent Care	$60 Copay	$60 Copay	40% after ded.	10% after ded.	20% after ded.	40% after ded.
Pregnancy and Maternity Care (prenatal)	100% covered after the first visit	100% covered after the first visit	40% after ded.	100% covered	100% covered	40% after ded.

Prescription Benefits	Plus Plan		QHDHP	
	Express Scripts Retail (34-day Supply)	Express Scripts Mail Order (90-day Supply)	Express Scripts Retail (34-day Supply)	Express Scripts Mail Order (90-day Supply)
	Prescription Drug Cost			
Tier 1	$10	$25	Medical deductible, then 10% coinsurance	
Tier 2	25% coinsurance $30 min - $50 max	25% coinsurance $75 min - $125 max	Medical deductible, then 10% coinsurance	
Tier 3	50% coinsurance $50 min - $100 max	50% coinsurance $125 min - $250 max	Medical deductible, then 25% coinsurance	
Tier 4	20% coinsurance to $200	N/A	Medical deductible, then 10% coinsurance	
Preventive Medications	Prices according to tier		Covered 100%, no deductible	
Out-of-Pocket Maximum (Includes Rx Copays and Coinsurance)				
Single	$1,500		Combined with Medical	
Family	$3,000		Combined with Medical	

Coverage Type	Monthly Premium		Bi-Weekly Premium	
	Non-Wellness	With Wellness Discount	Non-Wellness	With Wellness Discount
Plus Plan				
Single	$168.00	$118.00	$77.54	$54.46
Employee + Spouse	$456.00	$381.00	$210.46	$175.85
Employee + Child(ren)	$396.00	$346.00	$182.77	$159.69
Family	$616.00	$541.00	$284.31	$249.69
QHDHP				
Single	$93.00	$43.00	$42.92	$19.85
Employee + Spouse	$300.00	$225.00	$138.46	$103.85
Employee + Child(ren)	$255.00	$205.00	$117.69	$94.62
Family	$393.00	$318.00	$181.38	$146.77
Plus Plan - Employees Earning up to $38,505				
Single	$50.00	$0.00	$23.08	$0.00
Employee + Spouse	$338.00	$263.00	$156.00	$121.38
Employee + Child(ren)	$278.00	$228.00	$128.31	$105.23
Family	$498.00	$423.00	$229.85	$195.23